## 50201597

FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

SECRETARY OF THE SENATE

LEADD ON AMILESS

For An Authorized Committee					15 APR 20 AH 11. 30		
NAME OF COMMITTEE (in full)	TYPE OR PRINT		xample: If typing, ver the lines.	type 12	Ę̃E4M5į		
BRYAN MILLER FOR	US SENATE			1			
					<u> </u>		
140 WEST PRO 17 WAY (17 PRO 17							
ADDRESS (number and street)	10 WEST BROAD	WAY STE 500					
Check if different . than previously	SALT LAKE CITY	<u> </u>		1	<u>    84101</u>		
reported. (ACC)  SALI LAKE CITY  reported. (ACC)  UT  84101  -							
2. FEC IDENTIFICATION N	UMBER ▼	CITY A		STATE		ZIP CODE A STATE ▼ DISTRICT	
C C00567370		3. IS THIS REPORT	NEW (N)	OR D	AMENDED (A)	wy 00	
4. TYPE OF REPORT (Ch	oose One)			<u> </u>			
(a) Quarterly Reports:	, (p	) 12-Day PRE	-Election Report f	or the:			
April 15 Quarterly I	Report (O1)		Primary (12P)	G	eneral (12G)	Runoff (12R)	
			Convention (12C	)	pecial (12S)		
July 15 Quarterly F			M M / D	<u> </u>	<u> </u>	in the	
October 15 Quarter		Election on				State of	
January 31 Year-En	id Report (YE) (c)	30-Day <b>POS</b>	T-Election Report	for the:			
			General (30G)	∐ R≀	unoff (30R)	Special (30S)	
Termination Report (TER)	(TER)	Election on	M M M / D		~~~ <u>~</u>	in the State of	
5. Covering Period 01	M / D D / Y	2015	through	M M / D	31 / Y Y 2	015 015	
I certify that I have examined thi	is Report and to the	best of my kn	owledge and belie	f it is true, con	rect and comp	lete.	
Type or Print Name of Treasurer	Mike McCauley	$\rightarrow$					
Signature of Treasurer	1			_ Date	M M / D	15 / 2015	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.							
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FE5AN018							